

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10 / 547445</b>	FILING DATE							
CLAIMS														
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51							
2	C	C					52							
3							53							
4	C	C					54							
5							55							
6	<del>X</del>						56							
7	<del>X</del>						57							
8							58							
9							59							
10	<del>X</del>						60							
11	<del>X</del>						61							
12	<del>X</del>						62							
13	I	I					63							
14	<del>X</del>						64							
15	<del>X</del>						65							
16	I						66							
17		I					67							
18		I					68							
19	<del>X</del>						69							
20	<del>X</del>						70							
21	<del>X</del>						71							
22							72							
23							73							
24							74							
25	<del>X</del>						75							
26	<del>X</del>						76							
27	I						77							
28	I	I					78							
29	C	C					79							
30							80							
31	C	C					81							
32							82							
33		I					83							
34		I					84							
35	<del>X</del>						85							
36	<del>X</del>						86							
37	<del>X</del>						87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3													
TOTAL DEP.	27													
TOTAL CLAIMS	30													